

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
Q.I.P.E. CLASSIFIER	<i>h</i>		<i>12-2-00</i>
FORMALITY REVIEW		<i>6-6-74</i>	<i>3-2</i>
RESPONSE FORMALITY REVIEW	<i>JAP</i>	<i>1110</i>	<i>2-19-01</i>

# INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
" \_\_\_\_\_ Allowed  
- (Through numeral) \_\_\_\_\_ Cancelled  
+ \_\_\_\_\_ Restricted  
N \_\_\_\_\_ Non-elected  
I \_\_\_\_\_ Interference  
A \_\_\_\_\_ Appeal  
O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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10/10/10  
5-1-20-00-20